Title 19 (Medicaid) Certified?

Average Daily Census:

Yes

146

FRANCISCAN VILLA OF SOUTH MILWAUKEE 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE 53172 Phone: (414) 764-4100 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/03): 150 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 150

150

Number of Residents on 12/31/03:

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)						
Home Health Care	No	Primary Diagnosis			용	Less Than 1 Year	21.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	44.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.3	More Than 4 Years	15.3		
Day Services	No	Mental Illness (Org./Psy)	11.3	65 - 74	8.0				
Respite Care	No	Mental Illness (Other)	3.3	75 - 84	33.3		81.3		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.3	* * * * * * * * * * * * * * * * * * *	* * * * * * * *		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.0	Full-Time Equivalent			
Congregate Meals No		Cancer 2.0 Nursing Staff pe				Nursing Staff per 100 Res	per 100 Residents		
Home Delivered Meals No		Fractures	2.7		100.0	(12/31/03)			
Other Meals	Yes	Cardiovascular	17.3	65 & Over	98.7				
Transportation	No	Cerebrovascular	5.3			RNs	11.2		
Referral Service	No	Diabetes	4.7	Gender	용	LPNs	8.3		
Other Services	Yes	Respiratory	7.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	46.0	Male	14.0	Aides, & Orderlies	30.1		
Mentally Ill	No			Female	86.0	I			
Provide Day Programming for			100.0			1			
Developmentally Disabled	No				100.0	1			
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Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay	;		Family Care			anaged Care			
Level of Care	No.	ુ	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	1.1	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Skilled Care	24	100.0	322	81	93.1	121	0	0.0	0	24	100.0	188	15	100.0	121	0	0.0	0	144	96.0
Intermediate				5	5.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	3.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		87	100.0		0	0.0		24	100.0		15	100.0		0	0.0		150	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	tions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period				Total			
Percent Admissions from:		Activities of	%		% Needing ssistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.7		50.0	49.3	150
Other Nursing Homes	8.6	Dressing	18.0		33.3	48.7	150
Acute Care Hospitals	78.1	Transferring	28.7		42.7	28.7	150
Psych. HospMR/DD Facilities			23.3		27.3	49.3	150
Rehabilitation Hospitals	0.0	 Eating	50.7		29.3	20.0	150
Other Locations	13.2	**********	******	*****	******	*****	*****
Otal Number of Admissions	151	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.0	Receiving Resp	iratory Care	10.7
Private Home/No Home Health	12.8	Occ/Freg. Incontiner	nt of Bladder	60.0	Receiving Trac		0.0
Private Home/With Home Health	5.4	Occ/Freq. Incontiner	nt of Bowel	48.7	Receiving Suct	ioning	0.0
Other Nursing Homes	0.7]			Receiving Osto	my Care	4.0
Acute Care Hospitals	5.4	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	30.0
Rehabilitation Hospitals	0.0	1			_	_	
Other Locations	18.2	Skin Care			Other Resident C	haracteristics	
Deaths	57.4	With Pressure Sores		4.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		3.3	Medications		
(Including Deaths)	148				Receiving Psyc	hoactive Drugs	63.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit		100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8 8		% Ratio		Ratio	양	Ratio	왕	Ratio
Occumency Datas Average Daily Concus/Licensed Dada	97.3	87.9	1.11	87.0	1.12	86.6	1.12	87.4	1.11
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	90.0	87.5	1.03	86.4	1.04	84.5	1.07	76.7	1.17
Admissions from In-County, Still Residing	33.1	22.9	1.44	18.9	1.75	20.3	1.63	19.6	1.69
Admissions/Average Daily Census	103.4	144.5	0.72	166.7	0.62	157.3	0.66	141.3	0.73
Discharges/Average Daily Census	101.4	147.5	0.69	170.6	0.59	159.9	0.63	142.5	0.71
Discharges To Private Residence/Average Daily Census	18.5	49.7	0.37	69.1	0.27	60.3	0.31	61.6	0.30
Residents Receiving Skilled Care	96.7	93.9	1.03	94.6	1.02	93.5	1.03	88.1	1.10
Residents Aged 65 and Older	98.7	97.1	1.02	91.3	1.08	90.8	1.09	87.8	1.12
Title 19 (Medicaid) Funded Residents	58.0	50.3	1.15	58.7	0.99	58.2	1.00	65.9	0.88
Private Pay Funded Residents	16.0	34.6	0.46	22.4	0.71	23.4	0.69	21.0	0.76
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	14.7	35.5	0.41	34.3	0.43	33.5	0.44	33.6	0.44
General Medical Service Residents	46.0	23.0	2.00	21.0	2.19	21.4	2.15	20.6	2.24
Impaired ADL (Mean)	57.6	51.9	1.11	53.1	1.08	51.8	1.11	49.4	1.17
Psychological Problems	63.3	62.2	1.02	60.0	1.06	60.6	1.04	57.4	1.10
Nursing Care Required (Mean)	6.7	7.2	0.92	7.2	0.93	7.3	0.92	7.3	0.91